

LADIES AUXILIARY VFW, DEPARTMENT OF VIRGINIA

EXPENSE VOUCHER

Voucher No. _____ Date _____

Payee: _____
(Vendor or Individual Name)

(Address)

(City, State and Zip Code)

Itemize expenses below that were incurred on/for business of Ladies Auxiliary VFW, Dept. of VA

<u>Account No.</u>	<u>Amount</u>	<u>Purpose</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

TOTAL \$ _____

RECEIPTS FOR ALL EXPENDITURES, SHOULD ACCOMPANY THIS EXPENSE VOUCHER.

PRESIDENT AND TREASURER USE ONLY:

Date Approved _____ Approved By: _____
(Department President's Signature)

Date Paid _____ Check No. _____ Amount \$ _____